4800012825

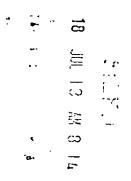
(Re	questor's Name)	
(Ad	dress)	· · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
_	☐ WAIT	
(Bu:	siness Entity Nar	me)
\	,	,
(Do	cument Number)	
(,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		_

Office Use Only



600315592836

07/13/18--01011--002 **25.00



JUL 2 1 2018

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SURJECT: TYAR Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fiorella Salinas Name of Person
ITVAR Construction LLC
7955 NW 12th St Suite 3/2
Doral FL 33126 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Fiovella Salinas at (786) 260 4274 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Some of the Limited L	ability Company as it now appears forda Limited Liability Company)	on our records)		
The Articles of Organization for this Limited Liabil Florida document number <u>LISOOO [28</u>	ity Company were filed on \sum		2018and assign	 }d :
This amendment is submitted to amend the following	ıg:		_	
A. If amending name, enter the new name of the Tour Constitution of the Tour Constitution of the Tour Constitution of the New name must be distinguishable and contain the words. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	*Limited Liability Company." the de	LLC	e abbreviation "L.L.C.	
Trincipal office data ess most m. A STAILT A				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u></u>	 		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, ent	er the name of (he new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address	····	
_	Cits	, Florida	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action Florella Salinas Frarella Salinas MGR □ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change □ ∧dd □ Remove ☐ Change □ Add _□ Remove ☐ Change

_	
_	
_	
	
_	
_	
an effe l <mark>ote:</mark> [re date, if other than the date of filing: O702/2018 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	07/10/2010
ated _	Malina = ==
ated _	Signature of a member or authorized representative of a member
ated _	Signature of a member or authorized representative of a member Figure 11a Salinas
ated _	Daling

Filing Fee: \$25.00